



Dana E. Blackwell
Executive Director

LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

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SANDRA RUDNICK, VICE CHAIR
ADELINA SORKIN, LCSW/ACSW
DR. HARRIETTE WILLIAMS, CHAIR

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **May 3, 2004**, in room 140 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)

Carol O. Biondi
Joyce Fahey
Phalen G. Hurewitz
Helen Kleinberg
Christina S. Mattingly
Sandra Rudnick
Adelina Sorkin
Dr. Harriette Williams

Trinity Wallace-Ellis, Youth Representative

COMMISSIONERS ABSENT (Excused/Unexcused)

Patricia Curry
Brenda Galloway
Daisy Ma
Dr. La-Doris McClaney

APPROVAL OF THE AGENDA

The agenda for the May 3, 2004, meeting was unanimously approved.

APPROVAL OF MINUTES

The minutes for the April 19, 2004, general meeting were unanimously approved as amended.

CHAIR'S REPORT

- Chair Williams was sorry to announce the passing of Vice Chair Ma's father. Vice Chair Ma is in San Francisco for the near future, and Commissioners have been given her address if they wish to write their condolences.
- Youth Representative Trinity Wallace-Ellis is also coping with tragedy in her life, but recently participated in the relative care meeting.
- Executive Director Dana Blackwell is recovering well. Commissioners were extremely generous with their donations for a gift. A beautiful orchid plant was delivered on Thursday. Books on tape and other tokens are also planned.
- Chair Williams reminded everyone that Commissioners are required to serve actively on at least one committee. The Reunification Committee is meeting on May 12 and is in the process of forming final recommendations; if Commissioners have not yet participated on a committee, they are encouraged to attend.
- American Humane has asked the Commission to co-sponsor a June 2005 conference in Los Angeles on family group decision-making. Chair Williams requested that Commissioners review the invitation letter and be ready to make a decision on May 17. The Commission has co-sponsored similar events in the past on a 'name-only' basis, with no obligation to provide financial assistance.

Vice Chair Biondi cautioned against a perceived endorsement of this group, since it is not the only one using family group decision-making. Would the Commission be seen as supporting one model over another? Chair Williams noted that both the department and the courts have already agreed to co-sponsor this conference, and encouraged individuals with questions to contact the Commission office.

- Commissioner Kleinberg thanked the department for its prompt response to her inquiry about how drug and alcohol abuse affects timelines in the adoption process. From the answer, however, she is concerned that workers are using the Internet to access substance-abuse providers and that no approved listings are available.

DIRECTOR'S REPORT

- Dr. Sanders reported on the department's meeting with the Annie E. Casey Foundation around team decision-making, a model that differs slightly from family group decision-making in that the family remains at the center of planning while a team forms around the family. The department is committed to putting team decision-making into place prior to detention or at least before a case's initial court date. He is hoping that Casey can help provide funding and technical assistance to expand the model's existing structure to make that possible, and emphasized the importance of

starting with the philosophy of the family being at the center of planning, then working out the specific models to be used.

Team decision-making is being implemented in the Metro North, Wateridge, and North Hollywood regions and is a goal for all regional administrators. A specially-trained facilitator is planned for each office, though Torrance—lacking a facilitator—has gone ahead with supervising CSWs in that role. In North Hollywood, seven out of the first ten children with whom this approach was used stayed with their families.

Vice Chair Biondi questioned supervisorial involvement, maintaining that a facilitator should be a neutral party skilled in the process. In the initial stages of implementing this model, supervisors had been known to withhold approval of plans formed by teams, and she felt it was dangerous to have the ‘approver’ facilitate the process. Dr. Sanders assured Commissioners that the Torrance office did not assign the supervisor of the CSW involved to facilitate the process. He agreed that supervising CSWs needed to support and be a part of any team decision-making plan.

Commissioner Kleinberg said that workers often don’t understand how to work with families and children. Now that the team decision-making structure is being put into place, will training be stepped up? Even though similar models are used within the family preservation process, it doesn’t seem as if workers are functioning differently. Families may feel outnumbered, and getting the child’s trust often goes by the board. A deficit model seemed to be in place with the case that she recently reviewed. Dr. Sanders said that strength-based training is planned and Angela Carter reported that training on how to engage community partners was originally planned for April 23 but because of work group priorities it was canceled and will be rescheduled.

Commissioner Sorkin asked about team decision-making’s interface with structural decision-making, a model that assesses the strengths of families. Dr. Sanders said that team decision-making uses that model’s strengths/needs assessment for case planning, but initially just as information. Team decision-making is used with families where the risk of detention is high. Commissioner Fahey asked how the team’s recommendations were being relayed to attorneys and judges in the case, and Dr. Sanders admitted that it was not being done effectively yet.

Commissioner Sorkin inquired about funds funneled into family group decision-making as a result of the closure of MacLaren Children’s Center. Dr. Sanders replied that—though he did not recall the exact amount set aside—some funds had been allocated to Family to Family at Metro North and Wateridge, other funds have been used for the enhancement of the medical hubs, and he believes between \$8 and \$9 million remains unspent. Children departing from MacLaren still needed placements, but no provision in the budget had been made for that, so available funding was not as much as originally expected.

Commissioner Hurewitz suggested asking the Casey Foundation for funds for intensive searches to locate relatives during the three days in which team decision-making is being put into place for each case.

- The department has been working with the Los Angeles Unified School District (LAUSD) for more than two years on a contract to make special services available in schools, co-supervised by departmental staff. Unfortunately, issues like access to confidential records appear to stand in the way.

Vice Chair Biondi encouraged a focus on supporting families with truancy issues, since youngsters who end up in juvenile camps have almost always been thrown out of school. Individual schools in LAUSD often refuse to enroll individuals from the camps, though they are mandated to do so. Commissioner Kleinberg wants to use LAUSD's district structure to pressure individual schools, which often make these decisions autonomously. Commissioner Sorkin asked that the department look at the SARB process with which Supervisor Molina works closely.

- A jump in detentions during March of approximately 20 percent was apparently due to a large increase in referrals, which tends to be a seasonal occurrence. April's detentions are down between 30 and 40 percent. The command post still accounts for approximately 40 percent of all detentions, and Dr. Sanders said that there may be departmental focus on how many detentions result from failed family maintenance. Commissioner Sorkin asked if those failures occurred beyond the 18-month timeline addressed by the Performance Improvement Plan (PIP). Dr. Sanders said that, from anecdotal evidence, he believes they are occurring within the first few months; he promised to look more closely at the issue.

Commissioner Hurewitz recommended examining the patterns in family-maintenance failures, and Dr. Sanders said that the offices were surveyed last month to gather that data. Commissioner Fahey said the change in departmental mindset to focus on reunification could be a cause, and asked if family preservation services are in place. Commissioner Kleinberg suggested using team decision-making for these cases, an idea with which Commissioner Hurewitz concurred. Commissioner Fahey noted that family-maintenance cases often fail because of a single positive drug test.

Chair Williams asked Dr. Sanders for a detailed report on the causes of failed family maintenance cases in the near future.

COMMITTEE REPORTS

Regional Center Committee

Regional Centers have implemented new guidelines and checklists for the referral of children under the age of three and children age three and older. Though these guidelines make it easier for Regional Centers to accept children under three, there are still concerns about the approval of **ARM rates** for children being adopted. Commissioner Hurewitz said that Regional Centers are not issuing **ARM rate** letters, which in turn stymies the adoption process. He asked if Regional Centers could be invited to present to the Commission.

Childcare Policy Roundtable Committee

Commissioner Sorkin highlighted some findings in a Department of Health Services publication, *Key Indicators of Health by SPA*, noting that the need for child care slots is highest in SPAs 2 and 4 and the dropout rate from public high school is highest in SPAs 4, 6, and 8. Concerns also exist about possible cuts to child-care funding in the state budget for children 12 and over.

WORKGROUP REPORT—Prevention

Commissioner Rudnick introduced Dr. Jacquelyn McCroskey, Angela Carter, and Dr. Charles Sophy. She thanked them and other Prevention Work Group members for all their efforts in developing the proposal that is due in June.

Dr. McCroskey thanked Commissioners for taking on the topic of prevention, and distributed information from the work group, whose membership encompasses a broad reach of community partners. The definition of prevention has been considered carefully, and includes a continuum of efforts for children who are ‘in the house’ (receiving services from the department), ‘on the porch’ (high-need or at risk of maltreatment), and ‘in the neighborhood’ (who may face maltreatment in the future). The work group of between 50 and 60 attendees is forming small groups to develop one or two practical recommendations for each of those levels that the Board of Supervisors, county agencies, and community-based partners can accomplish. The focus is on building links among the services and supports that already exist within communities.

- *Primary* prevention will identify one community in each SPA and within the American Indian community with known high rates of child maltreatment to serve as pilot communities. A full plan for technical assistance to identify resources and gaps, and to track progress, will be put into place.
- *Secondary* prevention involves families at high risk of child maltreatment who voluntarily access services. The focus is on a partnership between county government and the community in looking at supports already in place for those families and formal networks where they may already be connecting (resident associations, schools, child care facilities, etc.), as well as destigmatizing access to services. This will involve strategies at the sub-SPA level to discover what is perceived as working and accessible and to provide community-based education regarding formal support systems.
- *Tertiary* prevention involves substantiated cases of child maltreatment already under the aegis of the department, and will focus on a consistent connection with the primary and secondary levels. Flexibility in funding throughout the continuum will be important.

Commissioner Fahey suggested adding “safe” to the second bullet of the draft definition (that “children/youth have loving, lasting, *safe* relationships with caring adults/caregivers”) and that locations for the services and supports described in the last bullet be convenient, accessible, and *affordable*. Dr. McCroskey noted that “safety” was included in the introductory paragraph to the definition, but acknowledged that the mention might not

be strong enough. Commissioner Fahey also recommended involving municipal governments and their various programs, since making resources available is key.

Commissioner Kleinberg's experience has been that engagement for many families occurs after they are comfortable in an environment—once they are connected through 'soft' services such as nutrition classes or recreation programs. Only then are they open enough to admit needs related to drug and alcohol problems, mental health, and domestic violence. Chair Williams said that one of the strengths of this work group is that all those agencies are already involved so that linkages can be built in. According to Commissioner Rudnick, everyone in the group is invested in developing a plan that the county can afford, and doing it in a thoughtful, careful manner. Dr. McCroskey added that the initial plan will be broad, and then will be implemented in the pilot communities.

Youth representative Wallace-Ellis encouraged a focus on communities with many needs where resources can be few, and also mentioned the powerful influence of schools and the informational opportunities there. Commissioner Hurewitz referred to the earlier discussion of team decision-making, and recommended mentoring for families on the secondary level.

Commissioner Sorkin complimented the work group on avoiding a 'disease model' in this work, and asked about the impact of proposed budget cuts. Dr. McCroskey said that the programs listed in the continuum of supports and services had been taken from last year's Children's Budget, and that the plan was to knit together these separate programs into a safety net for families. Departmental finance people have been participating in the work group. Commissioner Kleinberg stated that county dollars are not the only funds involved; school districts have money for parent education and other services, and many entities—cities, churches, child care facilities—receive grants from private funding sources as well. An audience member recommended looking at the transitional resource centers for emancipating foster youth as a possible model for the pilot communities.

PUBLIC COMMENT

- Vice Chair Biondi announced a Children's Defense Fund analysis of the California state budget.
- Marjorie Shelvy from Legal Aid Foundation followed up on her presentation of April 5, clarifying that the revised eligibility criteria determined by the *Rosales* decision apply to petitions for removal filed on or after April 1, 2003. They also apply to all cases open on or after March 3, 2003, and benefits are to be paid for the period of dependency, as far back as December 23, 1997.

The Federal Department of Health and Human Services (HHS) has refused to approve the directive, so it has not yet been issued. Though the all-county letter has been drafted, the state cannot implement the decision until the Federal government approves. When the case returns to court in late May, it is hoped that the judge will compel HHS to respond. The impact on federal, state, and county dollars will include administrative costs, and sanctions are also being requested for the lack of Federal compliance.

Chair Williams asked if the Commission should take action in some way on this matter, and Ms. Shelvy said that at this point there was nothing it could do. Several agencies, including the Children's Defense Fund, are watching the impact on the Federal budget and the possible amendment to the Social Security Act that may contravene *Rosales* altogether.

MEETING ADJOURNED